

Continuation or Termination of the Nebraska Effective Financing Statement

EFS - 3

If EFS was filed on or after July 1, 1999 provide:

Secretary of State File Number _____ and Secretary of State Filing Date _____.

Said Effective Financing Statement is hereby amended to read as follows:

CHECK APPROPRIATE BOX (Only one action may be indicated)

- ☐ **Continuation** - The original Effective Financing Statement between the foregoing Debtor(s) and the Secured Party bearing the file number shown above is hereby extended and continued for the full period allowed by law.
- ☐ **Termination** (Notice of Lapse) - The Secured Party hereby terminates the Effective Financing Statement bearing the file number shown above.

1. DEBTOR - IF INDIVIDUAL	2. ADDITIONAL DEBTOR - IF INDIVIDUAL	FOR SECRETARY OF STATE USE ONLY
Name (Last, First, MI)	Name (Last, First, MI)	
Mailing Address	Mailing Address	
City State Zip Code	City State Zip Code	
Soc. Sec. No. or Fed. Tax I.D. No.	Soc. Sec. No. or Fed. Tax I.D. No.	CONTINUATION FILING FEE \$10.00
3. ADDITIONAL DEBTOR - IF INDIVIDUAL	4. ADDITIONAL DEBTOR - IF ENTITY	5. SECURED PARTY
Name (Last, First, MI)	Name	Name (Last, First)
Mailing Address	Mailing Address	Mailing Address
City State Zip Code	City State Zip Code	City State Zip Code
Soc. Sec. No. or Fed. Tax I.D. No.	Soc. Sec. No. or Fed. Tax I.D. No.	Soc. Sec. No. or Fed. Tax I.D. No.

Signature of Secured Party below:

▶ _____

By _____

Reset Form

Click reset button to clear this form.

To be filed with: Nebraska Secretary of State
UCC Division
PO Box 95104
Lincoln, NE 68509

INSTRUCTIONS

This form must be typed. Illegible forms will be returned without filing.

Provide information relating to Secretary of State Filing Date of EFS and Secretary of State Filing Number of EFS if filed on or after July 1, 1999.

After you have filed any EFS document with the Secretary of State's Office, please provide only the Secretary of State's Filing Number for future document reference.

Blocks 1 thru 5. Complete information relating to Debtors and Secured Party as such appears on the original Effective Financing Statement or as Amended.

Check appropriate box to indicate whether this document is a continuation or a termination (Notice of Lapse). Only one action may be indicated per form.

File at: Nebraska Secretary of State's Office
Business Services Division
PO Box 95104
Lincoln, NE 68509